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CONFIRMATION NO. 3214

Bib Data Sheet

SERIAL NUMBER 09/681,406	FILING DATE 03/30/2001  RULE	CLASS 600	GROUP ART UNIT 3742	ATT DOC RD
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *No*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED

\*\* 05/15/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDE
Verified and Acknowledged Examiner's Signature						

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